

MAIL-IN REGISTRATION FORM

For Parks and Recreation Activities/Events

NAME(S) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (day) (____) _____ (evening) (____) _____

CIRCLE ONE: RESIDENT NON-RESIDENT

PROGRAM NAME: _____ PROGRAM DATE(S): _____

TIME: _____ COST: _____ TOTAL ENCLOSED: _____

Please make check or money order (do not send cash) payable to: City of Center Line

MAIL TO: Center Line Parks and Recreation
REGISTRATION
25355 Lawrence Blvd.
Center Line, MI 48015

Registration is taken on first-come, first served basis. If program is full upon receipt of mail-in registration, your fee will be returned.

By accepting my registration in the above programs, I hereby understand that I release my rights or claims for damages that I may have against the City of Center Line through which this program is conducted or its instructor or City staff.

Signature (guardian for minors) _____

Date _____